POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M	70591	513
O.I.P.E. CLASSIFIER		19	5800
FORMALITY REVIEW	511	21423	7-6-00
RESPONSE FORMALITY REVIEW		7147.3	10-17-
			1

INDEX OF CLAIMS

·	Rejected	N	Non-elected
	Allowed	1	Interference
	rough numeral) Canceled	Α	Appeal
	Restricted	0	Objected

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Claim	Date	Claim	Date	Claim Date
Final		Final Original		Final Original
Final				
1)+		51		101
2		52		102
3		53	- - - - - - - - - - - - - - - - - - - 	104
4 11		54	- - - - -	105
5		M 69		106
6		57	 	107
8		58	- - - - - - 	108
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10		60		110
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12		62	 	112
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16		66		116
(D)		67		117
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20		70		120
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22		72		122
23		73		123
24		74		124
25		75		125
(26)		76		126
27		77		127
(28)		78		128
29		79		129
(39)		80		130
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3		82		132
33		83	 - - - - - - - - - - - - - - - - - - -	133
.34		84	<u> </u>	134
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(37)		87		138
361				139
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(40)				141
41.			++++	142
.42 '		92		143
43		93	 - - - - - - - - - - - - - - - - - - 	
44		194		144
45		95		146
J .46 ·		1		147
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48		99.		149
49	_i!!!			150
50		100		

If more than 150 claims or 10 actions staple additional sheet here

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